

THIS OF COURSE MAKES TREATMENT AND PREVENTION
DIFFICULT AND COMPLICATED, BECAUSE HEALTH PROBLEMS
STEMMING FROM BEHAVIOR INVOLVE NOT ONLY PHYSICAL
ASPECTS, BUT ALSO THE EMOTIONAL, SOCIAL, AND EVEN
ECONOMIC AND POLITICAL DIMENSIONS AS WELL.

To be sure,

[REDACTED], THIS IS A FACTOR AFFECTING THE HEALTHCARE OF
THE ENTIRE NATION -- THE BLURRING OF PURE MEDICINE AND
THE SOCIO-ECONOMIC MILIEU IN WHICH IT IS PRACTICED.

A YEAR OR TWO AGO I WAS ASKED TO TAKE GRAND ROUNDS IN PEDIATRICS AT A MAJOR TEACHING HOSPITAL.

WHEN I WAS FINISHED LISTENING TO THREE CASES, HAVING DONE THE BEST I COULD WITH THE PROBLEMS, I HAD TO REMIND THE RESIDENT STAFF, WHEN THE AUDIENCE LEFT, THAT I WOULD NOT HAVE GOTTEN AWAY WITH PRESENTING THOSE THREE PATIENTS THE WAY THEY JUST DID WHEN I WAS IN THEIR POSITION BECAUSE THEY HAD NOT PRESENTED STRICTLY MEDICAL PROBLEMS:-- WHAT THEY HAD PRESENTED TO ME WERE SOCIO-ECONOMIC PROBLEMS THAT HAD COME TO THE HOSPITAL BECAUSE THE PATIENT HAD AN ILLNESS.

**THE PROBLEMS OF ADOLESCENT HEALTH OFTEN CAN BE TRACED
TO THE GROWING GAP BETWEEN ADULTS AND ADOLESCENTS IN
COMMUNICATION AND UNDERSTANDING.**

ADOLESCENTS SEEM TO THINK DIFFERENTLY.

THEY SEEM TO BE INHERENT RISK-TAKERS.

**ALL EVIDENCE TO THE CONTRARY, THEY HAVE A SENSE THAT
THEY ARE IMMORTAL.**

**SO THEY HAVE AN SEEMINGLY INSTINCTIVE RESPONSE TO TUNE
OUT ANY ADMONITION THAT BEGINS WITH "DON'T".**

I SHOULD SAY AT THIS POINT THAT MY CONCERN ABOUT THE PROBLEMS OF ADOLESCENT HEALTH COMES DIRECTLY FROM MY TWO MEDICAL CAREERS.

AS YOUR SURGEON GENERAL, AS THE NATION'S CHIEF PUBLIC HEALTH OFFICER FOR EIGHT YEARS, IT BECAME APPARENT TO ME THAT MANY OF THE PUBLIC HEALTH ISSUES I DEALT WITH -- SMOKING, AIDS, ALCOHOL, AND SO FORTH-- HAD AN ESPECIALLY ALARMING ADOLESCENT DIMENSION.

AND, FOR FORTY YEARS BEFORE THAT, AS A PEDIATRIC
SURGEON, I BEGAN TO HAVE REAL CONCERNS ABOUT WHAT
WOULD HAPPEN TO THE TINY INFANTS ON WHOM I OPERATED...
WHEN THEY BECAME ADOLESCENTS. ^{IT} ~~I~~ GRIEVED ME TO THINK
HOW I AND MY ASSOCIATES CORRECTED LIFE-THREATENING
DEFECTS IN THE FIRST HOURS OR DAYS OF LIFE, ONLY TO HAVE
THAT PRECIOUS LIFE IMPERILED BY ADOLESCENT BEHAVIORAL
HEALTH PROBLEMS.

AND THOSE PROBLEMS ARE ALL TOO REAL.

**STATISTICS DON'T TELL THE STORY, BUT EVERY SPIRIT OF MAN
LECTURE SHOULD HAVE A FIRM DATA BASE AS A FOUNDATION
FOR ITS CALL TO ACTION. SO, A FEW COMPARISONS, A FEW
NUMBERS:**

**IN 1965 THERE WERE ABOUT 4 CASES OF GONORRHEA AND
SYPHILIS FOR EVERY 1,000 AMERICAN ADOLESCENTS.**

**IN 1985 THAT NUMBER HAD CLIMBED TO 12 REPORTED CASES
PER 1,000, WITH SO MANY MORE UNREPORTED THAT THE
CENTERS FOR DISEASE CONTROL ESTIMATED THAT EACH YEAR
2.5 MILLION ADOLESCENTS CONTRACT A SEXUALLY TRANSMITTED
DISEASE.**

**IN 1965, 16.7 OUT OF 1,000 UNMARRIED GIRLS AGED 15–19 GAVE
BIRTH.**

TWENTY YEARS LATER, 31.6 PER 1,000.

**AMERICA'S TEENAGE PREGNANCY RATE IS 1 TEENAGE GIRL OUT
OF EVERY 10, A RATE DOUBLE THAT OF ANY OTHER
INDUSTRIALIZED SOCIETY.**

**IN THE 1950S LESS THAN 5% OF YOUNG PEOPLE HAD TAKEN AN
ILLICIT DRUG;**

**BY 1987, THE NATIONAL ADOLESCENT STUDENT HEALTH SURVEY
INDICATED, 77% OF EIGHTH GRADERS AND 89% OF TENTH
GRADERS HAVE USED ALCOHOL;**

**15% OF EIGHTH GRADERS AND 35% OF TENTH GRADERS HAVE
USED MARIJUANA;**

**AND AMONG THE CLASS OF 1987, 5.6% HAD USED
CRACK-COCAINE.**

**IN REAL NUMBERS, STANDING FOR REAL PEOPLE, THAT MEANS
MORE THAN 3.5 MILLION YOUNG TEENS (12-17) HAVE USED
MARIJUANA,
AND OF THESE ONE THIRD ARE REGULAR USERS.**

**OVER HALF A MILLION HAVE USED COCAINE, AND HALF OF THESE
HAVE BECOME REGULAR USERS, OR I SHOULD SAY ABUSERS.**

SADLY, MANY TEENAGERS DON'T SURVIVE THEIR TEENS.

**OVER 50% OF HIGH SCHOOL SENIORS GET DRUNK AT LEAST
ONCE A MONTH, AND THE DEADLY COMBINATION OF DRINKING
AND DRIVING RANKS NUMBER ONE AS A KILLER OF
ADOLESCENTS.**

**TEN TEENAGERS ARE KILLED EVERY DAY IN ALCOHOL-RELATED
TRAFFIC FATALITIES.**

SUICIDE RANKS SECOND AMONG KILLERS OF TEENS, WITH 10 PERCENT OF TEENAGE BOYS AND 18 PERCENT OF TEENAGE GIRLS ATTEMPTING SUICIDE. AND WHILE IT IS TRUE THAT THE BLACK COMMUNITY SUFFERS A DISPROPORTIONATE BURDEN OF SOME ADOLESCENT HEALTH PROBLEMS, IT IS IN THE WHITE POPULATION THAT SUICIDE TAKES IT GREATEST TOLL.

**HOMICIDE, THE LEADING CAUSE OF DEATH AMONG 15-19 YEAR
OLD BLACKS, CLAIMS 26.6 PER 100,000.**

**PART OF THAT TERRIBLE PROBLEM CAN BE TRACED TO THE
135,000 AMERICAN TEENAGERS WHO CARRY GUNS TO SCHOOL
EACH DAY.**

**CRIME AMONG TEENS HAS LED TO A THIRTY-FOLD INCREASE IN
THE NUMBERS ARRESTED SINCE 1960.**

THE KILLER EPIDEMIC OF AIDS HAS BECOME A SERIOUS THREAT
 TO OUR ADOLESCENT POPULATION. AS OF 1990, THERE HAVE
 BEEN ²²⁵⁰ ^{APRIL} CASES OF AIDS FROM BIRTH TO 13 YEARS OF AGE.

THERE HAVE BEEN ⁵¹³ CASES IN TEENAGERS 13
 TO 19 YEARS OF AGE. ^{402 MALES - 111 females. THOSE FIGURES ARE} ~~THAT IS A MISLEADING FIGURE.~~ WITH THE

MISLEADING
 111
 1 to 19

LONG INCUBATION PERIOD FOR HIV INFECTION, LOOK TO THE
 PREVALENCE OF AIDS IN THE 20-30 YEAR GROUP TO GET AN IDEA
 OF WHEN HIV INFECTION TAKES PLACE - IN THE TEEN YEARS.

APRIL

TOTAL	132510	
	♂	♀
1-5	968	895
5-12	258	137
13-19	402	111

**MORE THAN 2 MILLION ADOLESCENTS SUFFER ABUSE AND
NEGLECT REPORTED TO THE AUTHORITIES, BUT PROBABLY AN
EQUAL NUMBER GO UNREPORTED.**

**AND, OVER HALF A MILLION TEENS ARE RUNAWAYS, ANOTHER
HALF A MILLION AREN'T IN THEIR OWN HOMES BECAUSE THEY
ARE PLACED IN FOSTER HOMES OR OTHER INSTITUTIONS.**

ALL IN ALL

42 MILLION ADOLESCENTS HAVE SEVERE PROBLEMS.

AND ALL OF THESE ALARMING FIGURES ARE SPREADING, THEY ARE SPREADING TO YOUNGER AND YOUNGER TEENS, TO CHILDREN.

IN EVERY STATE THE AGE AT WHICH CHILDREN BECOME INVOLVED IN RISKY BEHAVIOR --DRINKING, SMOKING, SEX, GANGS-- GETS LOWER EACH YEAR.

AN EXAMPLE: IN 1965 ONLY 3% OF GIRLS WERE SEXUALLY ACTIVE BEFORE THEIR 16TH BIRTHDAY, BUT NOW OVER 15% ARE.

LOOKING TOWARD THE OLDER YEARS, WE SEE THE EFFECT OF
THESE BEHAVIOR-LINKED PROBLEMS LASTS LONGER AND
LONGER INTO ADULT LIFE.

THE BEST, THE WORST, EXAMPLE, OF COURSE IS AIDS.

UNPROTECTED SEX AND/OR IV DRUG USE CAN READILY LEAD TO
HIV INFECTION THAT LASTS THE REST OF A LIFE NOW CUT SHORT
BY MANY DECADES. OTHER ^{sex trans dis} STDs CAN LEAD TO LONG-LASTING
HEALTH PROBLEMS AND EVEN STERILITY.

CRACK COCAINE CAN MAINTAIN ITS GRIP ON AN ENTIRE LIFE,
AND ALSO REACH OUT TO RUIN LIVES JUST STARTED, AS THE
ALARMING INCREASE IN BABIES BORN ^{TO COCAINE-ABUSING} ~~TO COCAINE-ABUSING~~
~~THE DRUG-ADDICTED MOTHERS~~ --375,000 OF THESE
PATHETIC INFANTS LAST YEAR.

**TRAGICALLY, ONE OF THE MOST COMMON RESULTS OF THIS
SELF-DESTRUCTIVE BEHAVIOR IS TO PASS IT ON ALL THE MORE
QUICKLY TO THE NEXT GENERATION.**

**IT IS OFTEN THESE PROBLEM-RIDDEN ADOLESCENTS WHO TEND
TO BECOME PARENTS AT A YOUNGER AGE, AND THEN TO START
THE CYCLE AGAIN.**

**WE KNOW THAT ABUSED CHILDREN, OFTEN OF ABUSED PARENTS,
BECOME THEMSELVES ABUSERS OF THE NEXT GENERATION.**

**ALCOHOLIC PARENTS PASS ON BEHAVIOR PATTERNS, AND WE
NOW SUSPECT, EVEN GENETIC TENDENCIES, ENCOURAGING
ALCOHOL ABUSE IN THEIR CHILDREN.**

**AS WITH ANY PROBLEM, WE'D LIKE TO SORT OUT THE CAUSES
AND EFFECTS, FOCUS ON THE CAUSES, AND THEN SOLVE THE
PROBLEMS.**

BUT IT IS NOT THAT EASY.

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UNFORTUNATELY, LISTS OF CAUSES AND SYMPTOMS SEEM TO BE INTERCHANGEABLE.

I'LL READ OFF A FEW ITEMS FROM LISTS OF FACTORS RELATED TO ADOLESCENT HEALTH PROBLEMS. SOME OF THESE WERE LISTED AS CAUSES, SOME AS SYMPTOMS. BUT I'LL MIX THEM UP AS I READ THEM, AND AS I GO, YOU WILL SEE HOW DIFFICULT IT IS TO DECIDE WHETHER A CERTAIN ITEM IS A CAUSE OR A *result*.

~~SYMPTOM:~~

**SUBSTANCE ABUSE, UNSTABLE FAMILIES, AIDS, EARLY
PREGNANCIES, POOR PARENTING SKILLS, EMOTIONAL
DYSFUNCTION, POOR PEDIATRIC CARE, ETHNIC HOSTILITY,
POVERTY, VIOLENT BEHAVIOR, POOR SELF IMAGE, POOR
MATERNAL HEALTH CARE, EDUCATIONAL FAILURE, LONELINESS,
STRESS....**

WELL, YOU GET THE PICTURE.

**AT THE TOP OF THE LIST OF CHRONIC PROBLEMS, FINDING ITS
CENTRAL PLACE IN THE CIRCLE OF CAUSE AND EFFECT IS
POVERTY**

**THE ALARMING AND RAPID INCREASE IN POVERTY, ESPECIALLY
AMONG CHILDREN.**

**TWENTY FIVE PERCENT OF THE ADOLESCENTS OF THE 1990S ARE
ALREADY LIVING IN POVERTY.**

**THAT REFLECTS A NATIONAL POVERTY RATE TWO OR EVEN
THREE TIMES HIGHER THAN THAT OF OTHER INDUSTRIALIZED
SOCIETIES.**

ONE HALF OF ALL BLACK AND HISPANIC CHILDREN UNDER 6 ARE POOR.

IN THE LAST FIVE YEARS, THE NUMBER OF FAMILIES IN POVERTY HAS GROWN BY FORTY PERCENT, WITH FAMILIES BECOMING THE FASTEST GROWING SEGMENT OF THE HOMELESS POPULATION.

[HERE, CEK CONVERSATION WITH HOMELESS KIDS.]